

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 13629.0002.NPUS00	
Application Number 09/800,870		Filed 3/7/2001	
For Non-Traumatic Model For Neurogenic Pain			
Art Unit 1632		Examiner Bertoglio, Valerie E.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed. 02/15/2005 WASFAW1 00000054 012508 09800870			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 02 FC:2251 60.00 DA			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>01-2508/13629.0002</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,393</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u>J. Wendy Davis</u> Signature		<u>2/11/2005</u> Date	
<u>J. Wendy Davis</u> Typed or printed name		<u>(713) (787-1512</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>3</u> forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MARY H. ROMANS

Group Art Unit: 1632

Serial No.: 09/800,870

Examiner: BERTOGLIO, VALERIE E.

Filed: MARCH 7, 2001

Atty. Dkt. No.: 13629.0002.NPUS00

For: NON-TRAUMATIC MODEL FOR
NEUROGENIC PAIN

REQUEST FOR ONE-MONTH EXTENSION OF TIME TO FILE

REQUEST FOR CONTINUED EXAMINATION UNDER 37 C.F.R. § 1.114

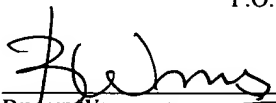
MAIL STOP RCE

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF MAILING VIA EXPRESS MAIL
37 C.F.R. § 1.10

Pursuant to 37 CFR 1.10, I hereby certify that this paper or fee is being deposited with the United States Postal Service as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria VA, 22313-1450.


BILLY WILLIAMS

February 11, 2005
Date

EXPRESS MAIL LABEL: EL 831852172 US

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for an extension of time of one month to and including February 11, 2005, in which to file the enclosed Request for Continued Examination Under 37 C.F.R. § 1.114. This Request for Continued Examination is therefore considered timely filed.

The fee for the one-month extension of time is \$60.00. The Commissioner is authorized to charge this fee to Deposit Account No. 01-2508/13629.0002.NPUS00 for this one-month extension.

Should any additional fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason relating to the enclosed materials, the Commissioner is further authorized to deduct said fees from Deposit Account No. 01-2508/13269.0002.NPUS00.

Respectfully submitted,



J. Wendy Davis
Reg. No. 46,393
Patent Agent for Applicant

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Date: February 11, 2005